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Oswaldo P Cruz	According to the calculations required by this statement: The applicable commitment period is 3 years.
Debtor(s)	The applicable commitment period is 5 years.
Case Number: 10-44437	$\boxed{\Psi}$ Disposable income is determined under § 1325(b)(3).
(If known)	☐ Disposable income not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

						-	
		Part I. REP	ORT OF I	NCOME			
1	a. 🔽 b. 🗌	Unmarried. Complete only Column A ("Debtor" Married. Complete both Column A ("Debtor"	or's Income" 's Income") :) for Lines 2-10. and Column B ("Spou	ıse's In		
•	six ca before	ures must reflect average monthly income recei- lendar months prior to filing the bankruptcy case the filing. If the amount of monthly income va the six-month total by six, and enter the result	e, ending on t iried during th	he last day of the mont	h C	olumn A Debtor's Income	Column B Spouse's Income
2	Gross	wages, salary, tips, bonuses, overtime, con	nmissions.		\$	6,600	\$ N.A.
3	Line a than o attachi	ne from the operation of a business, profess and enter the difference in the appropriate colur ne business, profession or farm, enter aggregate ment. Do not enter a number less than zero. D cass expenses entered on Line b as a deduction	nn(s) of Line : numbers and o not include	 If you operate more provide details on an any part of the 		,	1972
	a.	Gross receipts	\$	0			
	b.	Ordinary and necessary business expenses	\$	0			
	c.	Business income	Subtrac	t Line b from Line a	\$	0	\$ N.A.
4	differe	and other real property income. Subtract Lince in the appropriate column(s) of Line 4. Do rolling any part of the operating expenses erv. Gross receipts	not enter a nu.	mber less than zero. D	0		
	b.	Ordinary and necessary operating expenses	\$	0			
	c.	Rent and other real property income		0 t Line b from Line a			
		1	Jubilac	c cinc b from cine a	\$	0	\$ N.A.
5		st, dividends and royalties.	·		\$	0	\$ N.A.
6		n and retirement income.			\$	0	\$ N.A.
7	expense that pu	nounts paid by another person or entity, on ses of the debtor or the debtor's dependent urpose. Do not include alimony or separate ma debtor's spouse.	s. including :	child support paid for	-	0	\$ NA
8	was a b	ployment compensation. Enter the amount in er, if you contend that unemployment compensations in the Social Security Act, do not list in A or B, but instead state the amount in the spa	tion received the amount of	hy you or your enduca-		U	→ N.A.
	Uner be a	nployment compensation claimed to benefit under the Social Security Act Debto	r \$0_	Spouse \$ N.A.	\$	0	\$ N.A.

9 10 11	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. a	6,600	\$ N.A. \$ N.A.
	Column A.	·	0,000
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PER	IOD	
12	Enter the Amount from Line 11.	\$	6,600
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contact that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the incomyour spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT proportion on a regular basis for the household expenses of you or your dependents and specify, in the lines be the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's sup of persons other than the debtor or the debtor's dependents) and the amount of income devoted to purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering adjustment do not apply, enter zero.	me of aid low, port	
	b. \$ 0		
	c. \$ 0		:
	Total and enter on Line 13.	\$	0
14	Subtract Line 13 from Line 12 and enter the result.	\$	6,600
15	Annualized current monthly income for §1325(b)(4). Multiply the amount from Line 14 the number 12 and enter the result.	1 '	79,200
16	Applicable median family income. Enter the median family income for the applicable state a household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk the bankruptcy court.)	and of	
	a. Enter debtor's state of residence: California b. Enter debtor's household size: 2	\$	64,647
17	Application of §1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than or equal to the amount on Line 16. Check applicable commitment period is 3 years" at the top of page 1 of this statement and continue w The amount on Line 15 is more than the amount on Line 16. Check the box for commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.	ith this sta	itement.
Pa	art III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSA	BLE IN	ICOME
18	Enter the Amount from Line11.	\$	6,600

21	a. b. c. Total and enter on Line 19. Current monthly income for §1325(b)(3)	\$ 0 \$ 0 \$ 0						
21	c. Total and enter on Line 19.							
21	Total and enter on Line 19.	\$ 0						
21								
21								
21		3). Subtract Line 19 from Line 18 and enter		0				
21	Annualized current monthly income for			6,600				
	the number 12 and enter the result.	g1325(b)(3). Muluply the amount from t	ine 20 by \$	\$ 6,600 \$ 79,200 \$ 64,640 Is able income g parts of this bis possible the Part VII of the company of the compa				
22	Applicable median family income. Ente	the amount from Line 16.	\$					
	Application of §1325(b)(3). Check the ap	plicable box and proceed as directed.		04,047				
	Part IV. CALCULATIO Full Deductions under Sta	N OF DEDUCTIONS FROM INC		DC)				
24A	National Standards: food, clothing, hou miscellaneous. Enter "Total" amount from IR the applicable family size and income level. (This	sehold supplies, personal care, and S National Standards for Allowable Living Exp	enses for					
[]	the clerk of the bankruptcy court.)		⊈ or from					
$\overline{}$		White the second	\$	985				
24B	National Standards: health care. Enter in Line Out-of-Pocket Health Care for persons under 65 y for persons 65 years of age or older. (This informable clerk of the bankruptcy court.) Enter in Line b1 the under 65 years of age, and enter in Line b2 the nor older. (The total number of household member 16b). Multiply line a1 by Line b1 to obtain a total the result in Line c1. Multiply Line a2 by Line b2 and older, and enter the result in Line c2. Add Line Line the result in Line 19B.	rears of age, and in Line a2 the IRS National Station is available at www.usdoj.gov/ust/ or fine number of members of your household who are remoted who are remoted the same as the number stated in amount for household members under 65, and to obtain a total amount for household members.	\$ mdards for standards from the coare to 65 years Line and enter ers 65	985				
24B	Out-of-Pocket Health Care for persons under 65 y for persons 65 years of age or older. (This inform clerk of the bankruptcy court.) Enter in Line b1 t under 65 years of age, and enter in Line b2 the n or older. (The total number of household membe 16b). Multiply line a1 by Line b1 to obtain a total the result in Line c1. Multiply Line a2 by Line b2 and older, and enter the result in Line c2. Add Line of the line c2.	rears of age, and in Line a2 the IRS National Station is available at www.usdoj.gov/ust/ or fine number of members of your household who are remoted who are remoted the same as the number stated in amount for household members under 65, and to obtain a total amount for household members.	sidards for standards for the or are e 65 years Line or enter ers 65 ount, and	985				
24B	Out-of-Pocket Health Care for persons under 65 y for persons 65 years of age or older. (This inform clerk of the bankruptcy court.) Enter in Line b1 t under 65 years of age, and enter in Line b2 the n or older. (The total number of household membe 16b). Multiply line a1 by Line b1 to obtain a total the result in Line c1. Multiply Line a2 by Line b2 and older, and enter the result in Line c2. Add Line the result in Line c3.	rears of age, and in Line a2 the IRS National Station is available at www.usdoj.gov/ust/ or fine number of members of your household who are removed by the same as the number stated in amount for household members under 65, are to obtain a total amount for household members c1 and c2 to obtain a total health care amount for household members c2 and c2 to obtain a total health care amount for household members c3 and c4 to obtain a total health care amount for household members c4 and c4 to obtain a total health care amount for household members c4 and c5 to obtain a total health care amount for household members c4 and c5 to obtain a total health care amount for household members c4 and c5 to obtain a total health care amount for household who fill the	sidards for standards for the or are e 65 years Line or enter ers 65 ount, and	985				
24B	Out-of-Pocket Health Care for persons under 65 y for persons 65 years of age or older. (This inform clerk of the bankruptcy court.) Enter in Line b1 t under 65 years of age, and enter in Line b2 the n or older. (The total number of household member 16b). Multiply line a1 by Line b1 to obtain a total the result in Line c1. Multiply Line a2 by Line b2 and older, and enter the result in Line c2. Add Line the result in Line 19B. Household members under 65 years of age	rears of age, and in Line a2 the IRS National Station is available at www.usdoj.gov/ust/ or fine number of members of your household who are summed to the same as the number stated in amount for household members under 65, are to obtain a total amount for household members c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c1 and c2 to obtain a total health care amuse c2 to obtain a total health care amuse c3 to obtain a total health care amuse c2 to obtain a total health care amuse c3 to obtain a total health care amuse c4 to obtain a total health c4 total health c4 to obtain a total health c4 total	sindards for standards form the coare e 65 years Line and enter ers 65 yount, and	985				

	amount (this info Line b th	Standards: housing and utilities; mortgage/rent expended the IRS Housing and Utilities Standards; mortgage/rent expended the IRS Housing and Utilities Standards; mortgage/rent expended the IRS Housing and Utilities Standards; mortgage/rent expended to the Average Monthly Payments for any debts secured to the IRS Housing and Expended to the IRS Housing Alameda Country	se for your co the bankruptcy by your home.	unty and family size y court); enter on as stated in Line 47	: [
25B	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	1,713		
230	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	0		
	c.	Net mortgage/rental expense	Subtract Lin	ne b from Line a.	\$	1,713
26	Lines 2 Housing	Standards: housing and utilities; adjustment. If you of 5A and 25B does not accurately compute the allowance to which grand Utilities Standards, enter any additional amount to which you basis for your contention in the space below:	vou are entitle	ed under the IRS		0
			· · · · · · · · · · · · · · · · · · ·		\$	0
	You are operatir	Standards: transportation; vehicle operation/public entitled to an expense allowance in this category regardless of war a vehicle and regardless of whether you use public transportates.	hether you pa ion. SAN FR	y the expenses of ANCISCO		
27A	Check to expense	ne number of vehicles for which you pay the operating expenses on s are included as a contribution to your household expenses in Li	or for which th ne 7. 🚺 0	ne operating] 1		
	Transpo IRS Loc Statistic	hecked 0, enter on Line 27A the "Public Transportation" amount for tation. If you checked 1 or 2 or more, enter on Line 27A the "Opal Standards: Transportation for the applicable number of vehicle tal Area or Census Region. (These amounts are available at www.ankruptcy court.)	perating Costs's in the application	" amount from able Metropolitan	\$	182
278	the ope entitled Transpo	Standards: transportation; additional public transportation; additional public transportation, a to an additional deduction for your public transportation expense retation" amount from the IRS Local Standards: Transportation. (doi.gov/ust/ or from the clerk of the bankruptcy court.)	and you conte es, enter on Lir	nd that you are ne 27B the "Public	\$	0
	of vehicle	tandards: transportation ownership/lease expense; es for which you claim an ownership/lease expense. (You may no for more than two vehicles.) 1 2 or more.	Vehicle 1. t claim an owr	Check the number nership/lease		
	Enter, in	Line a below, the "Ownership Costs" for "One Car" from the IRS le at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cou	rt); enter in Li in Line 47; su	ine b the total of the	•	
28	Average	Monthly Payments for any debts secured by Vehicle 1, as stated and enter the result in Line 28. Do not enter an amount less the	an zero.			
28	Average	IRS Transportation Standards, Ownership Costs, First Car	s \$	0		
28	Average Line a a	nd enter the result in Line 28. Do not enter an amount less the		0		

	on Er	if you checked the "2 or more" Boter, in Line a below, the "Ownershi	n ownership/lease expense; ox in Line 28 p Costs" for "One Car" from the IRS from the clerk of the bankruptcy cour	Local Standards: Transportation	ı	
29	th	t Average Monthly Payments for a	ny debts secured by Vehicle 2, as sta ne 29. Do not enter an amount les	ated in Line 47; subtract Line b		
1		a. IRS Transportation Standa	rds, Ownership Costs, Second Car	\$ 0		
		b. Average Monthly Payment 2, as stated in Line 47	for any debts secured by Vehicle	\$ 0		
	[c. Net ownership/lease exper	nse for Vehicle 2	Subtract Line b from Line a.	\$	0
30	for sel	all for all federal, state and local ta	xes. Enter the total average monthly axes, other than real estate and sales taxes, and Medicare taxes. Do not	s taxes, such as income taxes,	\$	0
31	pa un	roll deductions that are required for	andatory payroll deductions. or your employment, such as manda ot include discretionary amounts,	tory retirement contributions,	\$	0
32	ac		e insurance. Enter total average r yourself. Do not include premiun f insurance.		\$	0
33	yc	are required to pay pursuant to t	ourt-ordered payments. Enter he order of a court or administrative payments on past due support of	agency, such as spousal or child	\$	0
34	cl co	allenged child. Enter the total and ition of employment and for educ	lucation for employment or for monthly amount that you actually ex- cation that is required for a physicall education providing similar services is	pend for education that is a y or mentally challenged	.	0
35	ex		illdcare. Enter the total average me itting, day care, nursery and prescho		\$	0
36	a t	ctually expend on health care that at is not reimbursed by insurance	ealth care. Enter the total average is required for the health and welfare or paid by a health savings account, of include payments for health ins	of yourself or your dependents, and that is in excess of the	\$	0
37	an ce ex	ount that you actually pay for telec phone service – such as pagers, o	lecommunication services. Encommunications services other than call waiting, caller id, special long distance or that of your dependents.	your basic home telephone and tance, or internet service—to the	\$	0
38	Т	tal Expenses Allowed under	r IRS Standards. Enter the total	of Lines 24 through 37.	\$	3,589

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į			Solution Note: Do not	ubpart B: Additional Liv t include any expenses	ing Expens that you h	se Deduction ave listed in	ns Lines 24-37		
	m	ionthly (Insurance, Disabexpenses in the cateduse, or your depende	ility Insurance and Hea pories set out in lines a-c belo nts.	Ith Saving w that are re	s Account E	xpenses. List the ssary for yourself,		
		a.	Health Insurance		-	\$	0	1	
39		b.	Disability Insurance	2	151	\$	0	1	
		c.	Health Savings Acc	ount		\$	0	1	
			nd enter on Line 39	end this total amount, stat	e vour actual	average ovno		\$	0
	! !	space b	elow:	ond this total amount, stat	e your actua	average expe	natures in the		
40	av su	rerage a ipport of	ictual monthly expen: f an elderly, chronica	to the care of househol ses that you will continue to p lly ill, or disabled member of such expenses. Do not incl	ay for the re your househo	asonable and r	necessary care and of your immediate	\$	0
41	ex Pr	eventio	that you actually inc	y violence. Enter the total our to maintain the safety of y other applicable federal law.	our family ur	ider the Family	Violence	\$	0
42	Ho by mo	ome ei IRS Lou	nergy costs. Ente cal Standards for Hou vide your case trus	r the total average monthly a ising and Utilities that you act itee with documentation of onal amount claimed is rea	tually expend f vour actua	l for home ener I l expenses, a	rav costs. You	\$	0
43	exp ele you the	lucation penses ementar ur case	on expenses for control that you actually on secondary schools trustee with document claimed is reasonable.	lependent children under, not to exceed \$147.92* per le by your dependent children mentation of your actual e mable and necessary and r	er 18. Enter r child, for a less than 18	the total averatendance at a years of age. I	private or public You must provide Explain why the		0
44	food the at_y	d and cl IRS Na WW.usc	lothing expenses exc tional Standards, not doj.gov/ust/ or from	ing expense. Enter the tot eed the combined allowances to exceed 5% of those comb the clerk of the bankruptcy co reasonable and necessary	for food and ined allowand ourt.) You m	clothing (appa ces. (This infor	rel and services) in mation is available	\$	0
45	ch: in	aritable in the	contributions in the form of cash or finan	Enter the amount reasonat form of cash or financial instr cial instruments to a charitabl e any amount in excess of	uments to a i e organizatio	charitable orga on as defined ir	nization as defined i 26 U.S.C. 8	\$	0
46				Deductions under § 70			<u> </u>	\$	
				Subpart C: Deduction				I	0
47	pr Av Mo 60 pa	operty (verage fonthly P onthly month nyments	that you own, list the Monthly Payment, and Payment is the total on Is following the filing Is of taxes and insurar	ured claims. For each of you name of creditor, identify the discharge whether the payment of all amounts scheduled as color the bankruptcy case, dividence required by the mortgage of the Average Monthly Paymon	e property se includes tax ontractually d ed by 60. Mo . If necessar	curing the deb es and insuran ue to each Sec rtgage debts sl v. list additiona	t, and state the ce. The Average ured Creditor in the		
		Ná	ame of Creditor	Property Securing the	Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.				\$	0	□ yes 🗹 no		
	b.				\$	0	□ yes 🗹 no		
}	c.				\$	0	yes 🚺 no		}
1					Tot	al: Add Lines			
-				1.	a, l	o and c		\$	

^{*}Amount subject to adjustment on 4/01/2013, and every three years thereafter with respect to case commenced on or after the date of adjustment.

	de pa pro pro	sidence, a motor vehicle, or other pendents, you may include in yor y the creditor in addition to the p operty. The cure amount would in	claims. If any of debts listed in Line r property necessary for your support our deduction 1/60th of any amount (the payments listed in Line 47, in order to aclude any sums in default that must lind total any such amounts in the following.	or the support of your ne "cure amount") that you n maintain possession of the	· 1	
48		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amou	int	
	a.	Citi Mortgage	4211 Queen anne UnionCity		82	
	b.			\$	0	
	c.	· · ·		\$	0	
				Total: Add Lines a, b and	c s	682
49	cia you Ch	ims, such as priority tax, child su ur bankruptcy filing. Do not incl apter 13 administrative ex	prity claims. Enter the total amount pport and alimony claims, for which you de current obligations, such as to penses. Multiply the amount in Line	ou were liable at the time of hose set out in Line 33.	\$	0
	ent	er the resulting administrative e	xpense. y Chapter 13 plan payment.	Т.	_	
50	b.	Current multiplier for your schedules issued by the E	district as determined under xecutive Office for United States	740		
	c.		rative expense of Chapter 13 case	Total: Multiply Lines a and	b s	71
51	То	tal Deductions for Debt Pa	yment. Enter the total of Lines 47 t	hrough 50.	\$	682
		Subp	art D: Total Deductions fro	m Income	1.7	
52	To	tal of all deductions from i	ncome. Enter the total of Lines 38,	16, and 51.	\$	4,271
		Part VI. DETERMINAT	ION OF DISPOSABLE INC	OME UNDER § 132	5(b)(2)
53	To	tal current monthly income	e. Enter the amount from Line 20.		\$	6,600
54	disa	ability payments for a dependent	thly average of any child support pay child, reported in Part I, that you rece e extent reasonably necessary to be e	eived in accordance with	or \$	0
55	emj	ployer from wages as contribution	ons. Enter the monthly total of (a) and for qualified retirement plans, as spent plans, as specified in § 362(b)(19	ecified in 8 541/b\/7\ and /b		0
56	Tot	al of all deductions allowe	ed under § 707(b)(2). Enter the	amount from Line 52.	\$	4,271

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	expenses for which there is no red resulting expenses in lines a-c bel expenses and enter the total in Li of theses expenses and you m that make such expenses nece	ne 57. You must provide your (ust provide a detailed explanal	special circumstances and ntries on a separate page.	the Total the	
57	Nature of sp	pecial circumstances	Amount of ex	pense	
	a.		\$		
	b.	****	\$		
	C.		\$		
			Total: Add Lines	a, b and c \$	0
58	Total adjustments to determ 57 and enter the result.	mine disposable income. Add	d the amounts on Lines 54	, 55, 56 and \$	4,271
59	Monthly Disposable Incom the result.	e Under § 1325(b)(2). Subt	ract Line 58 from Line 53	and enter \$	2,329
	Par	t VI: ADDITIONAL EX	PENSE CLAIMS		
	Other Expenses. List and deschealth and welfare of you and you income under § 707(b)(2)(A)(ii)(I) average monthly expense for each	r ramily and that you contend sho). If necessary, list additional sour	uld be an additional deduct	dam fua	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each	r ramily and that you contend sho). If necessary, list additional sour	uld be an additional deductions and a separate page. A	tion from your cu All figures should	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each	I family and that you contend sho If necessary, list additional sould item. Total the expenses.	uld be an additional deductions and a separate page. A	dam fua	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each	I family and that you contend sho If necessary, list additional sould item. Total the expenses.	uld be an additional deductions on a separate page. A	tion from your cu All figures should Monthly Amount	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each Expen	I family and that you contend sho If necessary, list additional sould item. Total the expenses.	uld be an additional deductorces on a separate page. A	ion from your cuall figures should floorthly Amount	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each Expen a. b.	I family and that you contend sho If necessary, list additional sour item. Total the expenses.	uld be an additional deductorces on a separate page. A	ion from your cull figures should figures should fonthly Amount 0	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each Expen a. b.	rearming and that you contend should. If necessary, list additional sould litem. Total the expenses.	uld be an additional deductorces on a separate page. A	tion from your cuall figures should flonthly Amount 0 0	
60	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each Expen a. b.	Total: Add Lines a, b a	stand c	donthly Amount 0 0 0	reflect your
61	income under § 707(b)(2)(A)(ii)(I) average monthly expense for each Expen a. b. c.	Total: Add Lines a, b a Part VII: VERIFICA that the information provided in the Signature: /s/ O:	statement is true and co	donthly Amount 0 0 0	rrent monthly I reflect your

Gross wages, salary, tips Income from business Rents and real property income Interest, dividends					
Income from business Rents and real property income			Income Month 2		
Rents and real property income	6,600	0	Gross wages, salary, tips	6,600	
	0	0	Income from business	0,000	
Interest, dividends	0	0	Rents and real property income	o O	
	0	0	Interest, dividends	0	
Pension, retirement	0	0	Pension, retirement	0	
Contributions to HH Exp	0	0	Contributions to HH Exp	o O	
Unemployment	0	0	Unemployment	ō	
Other Income	0	0	Other Income	0	
Income Month 3			Income Month 4	_	_
C					
Gross wages, salary, tips	6,600	0	Gross wages, salary, tips	6,600	
Income from business	0	0	Income from business	0	
Rents and real property income	0	0	Rents and real property income	Ö	
Interest, dividends	0	0	Interest, dividends	ō	
Pension, retirement	0	0	Pension, retirement	ő	
Contributions to HH Exp	0	0	Contributions to HH Exp	Ö	
Unemployment	0	0	Unemployment	0	
Other Income	0	0	Other Income	o	
Income Month 5	11	 -	Income Month 6		
Gross wages, salary, tips	6,600	0	Gross wages, salary, tips	6 600	
Income from business	. 0	0	Income from business	6,600	
Rents and real property income	0	0	Rents and real property income	0	
Interest, dividends	0	0	Interest, dividends	0	
Pension, retirement	0	0	Pension, retirement	0	
Contributions to HH Exp	0	0	Contributions to HH Exp	0	
Jnemployment	0	ō	Unemployment	0	
Other Income	ō	0	Other Income	0 0	
Addit	ional Iten	ns as I	Designated, if any		